



Town of Acton Board of Health

Title 5 Waiver Application

I, _____ do hereby apply for a waiver, as allowed under 310 CMR 15.301(4)(b), from the required Title 5 Inspection for the onsite sewage disposal system at my property, located at _____, Acton, MA, 01720.

I agree to abide by the following conditions:

- 1) The property in question will connect to the Town of Acton Middle Fort Pond Brook Sanitary Sewer System within 120 days from the date of the waiver letter.
- 2) The onsite sewage disposal system will be serviced as necessary and an Enforcement Letter from the Acton Board of Health or the Massachusetts Department of Environmental Protection may shorten this waiver period, should the system endanger the public health or the environment.
- 3) The waiver, along with these conditions, shall be communicated in writing to the purchaser and any other subsequent owners until the property at _____ is connected to the Town of Acton Middle Fort Pond Brook Sanitary Sewer System.

I fully understand that this waiver is granted to a property and must transfer with said property at the time of sale.

X _____ Date: _____

Name: _____

Address: _____

Phone Number: _____